

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/018727

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/			
2	/	/	/			
3	/	/	/			
4	/	/	/			
5	/	/	/			
6	/	/	/			
7	(1)	/	/			
8	(1)	/	/			
9	(1)	/	/			
10	(1)	/	/			
11	(1)	/	/			
12	(1)	/	/			
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14	(1)	/	(1)			
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50						
TOTAL IND.	3		3			
TOTAL DEP.	20	←	17	←		←
TOTAL CLAIMS	23	20				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS